

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8	1					
9						
10						
11						
12	1					
13						
14						
15						
16						
17						
18						
19						
20						
21						
22	1					
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48						
49						
50						
TOTAL IND.	4		4		4	
TOTAL DEP.	18	2	18	2	18	2
TOTAL CLAIMS	22	2	22	2	22	2

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS